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04/08/2005

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Raquel C. West	(Depositor's name)
<i>[Signature]</i>	(Signature)
01/31/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/039,607	10/26/2001	Farhad Abbasi Ghelamansari	2001P18159US	2504

TITLE OF INVENTION: X-RAY THERAPY ELECTRONIC PORTAL IMAGING SYSTEM AND METHOD FOR ARTIFACT REDUCTION

APPLN. TYPE	SMALL ENTITY	ISSUB FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/08/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHURCH, CRAIG E	2882	378-065000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, _____ 1
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- _____ 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Siemens Medical Solutions USA, Inc.

Iselin, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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